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urged on the general public. But our government agencies have stood aloof and our medical and health organizations have temporized by making it a responsibility of the individual physician to decide upon dietary prescription for the individual patient. With a substantial fraction of the adult population at risk of premature coronary heart disease, this stipulation essentially prevents any effective public health action.

Conceivably, the recent report of the National Diet-Heart Study (1968 American Heart Association’s Monograph Series No. 18) may result in organization of a mass trial to test the effect of dietary control on the incidence of coronary heart disease. Even if such a trial is mounted and is not hedged by restrictions unrealistic in meeting a public health problem, no results can be expected before the mid-70’s. In the meantime it will be of extraordinary interest to see what comes from the action taken by the Medical Boards in Scandinavia.

Ancel Keys
Minneapolis, Minnesota

Excerpts from a Farewell Note

... There was one medical registrar in a hospital of 900 beds. The important cases, chosen for pity’s sake and for teaching, were typhoid, pneumonia, aneurysm, and heart failure for which the remedies were digitalis and strychnine injections. Our first paper (in 1913) went to show that strychnine was useless. Until Mackenzie was invited to join the staff we were not allowed to use digitalis for out-patients. Coming from practice in Burnley to London as a hospital physician, he exclaimed “You don’t seem to admit patients to hospital until they are incurable”. You all know how untrue that would be to-day: investigation with a view to effective treatment is to me in striking contrast with the masterly inactivity then in vogue.

... Nowadays most of us in a lesser way have had the urge and the opportunity to produce useful research. Next to personality, the moving force in progress has been instrumental. ... Special apparatus furthered the principle and practice of specialization. I have lived to see the struggle won for freedom to specialize in medicine. Cardiology once seemed to be a simple branch of it, but to you to-day its complexity must be frightening and its literature a nightmare.

... My thoughts go back to my Chief who in his last letter to me said “Heart failure’s the thing”: he was thinking about myocardial failure and there may yet be a revival of interest in this abiding factor.

Dare I hint at a problem that occasionally arises in the course of experimental research? In his zeal for discovery a man may be tempted to proceed with some investigation or treatment that carries too great a risk to his patient. If in doubt, take counsel with your colleagues. If you are working for humanity, you must be humane. Someone has written “there is always a moment when curiosity becomes a sin”.

... We doctors need reminding that most people who consult us are afraid; they are fearful of what we may have to say at the end of the consultation. Disease must not be personified in the doctor; rather he must appear as the defending counsel, and so we should seem to be looking for the good things rather than the bad. ... In other words, let us feel for our patient, calming his fears and building up his morale throughout the clinical examination, and not only at the end of it.—John Parkinson: A Farewell Note. Brit Heart J 22: 592, 1960.


50 Years Ago
Auto-Regulation of Blood Flow

"My own first contribution to the problem . . . was published in Danish in 1918 . . . and appeared in the British Journal of Physiology (1919). . . . I found it possible to observe at least the superficial capillaries of muscles both in the frog and in mammals through a binocular microscope. . . . Resting muscles observed in this way are usually quite pale, and the microscope reveals only a few capillaries at fairly regular intervals. These capillaries are so narrow that red corpuscles can pass through only at a slow rate and with a change of form from the ordinary flat discs to elongated sausages. When the muscle . . . is stimulated to contractions a large number of capillaries become visible and dilated. . . . Since capillaries, even in a group fed by the same arteriole, do not all behave in the same way, the changes obviously cannot be due to arterial pressure changes. . . ."—AUGUST KROGH: Description of the Prize-Winning Work. In SOURKES, THEODORE L.: Nobel Prize Winners in Medicine and Physiology 1901-1965. London, Abelard-Schuman, 1966, pp. 98-99.

75 Years Ago
Discovery of Epinephrine

Oliver says: "During the winter of 1893-4, while prosecuting an inquiry as to the agents that vary the calibre of the arteries as determined by an instrument (the arteriometer) which I have elsewhere described, I found that the administration by the mouth of a glycerine extract of the adrenals of the sheep and calf produced a marked constrictive action on the arteries. . . . This position has since been confirmed by a research undertaken by Professor Schäfer and myself in the Physiological Laboratory of University College. . . ."

Schäfer says: "In the autumn of 1893 there called upon me in my laboratory at University College a gentleman who was personally unknown to me, but with whom I had a common bond of interest—seeing that we had both been pupils of Sharpey. . . .

. . . whilst many of the extracts which had been dealt with clinically by Oliver were inert or at any rate not specific in their action, the suprarenal capsules, and to a lesser extent the pituitary body, yielded to glycerine and to water and to saline solutions principles which have an extraordinary effect upon the tone of the heart and arteries, transcending that of any known drug. . . ."

References


Related Publications from This Study Not Referred to Directly in Text


Parry’s Concluding Remarks

Angina Pectoris
End of the Eighteenth Century

I have thus endeavoured to ascertain the symptoms, and establish the pathology, of the Syncope Anginosa. It is painful to me, that the most important part, that which respects the cure or relief, should have been so defective; and that the nature of the disorder itself should promise so little success to any further enquirers. It may be hoped, however, that the investigation has not been without its value in a philosophical view; and that he, who, by throwing any light on an obscure subject, had prevented disappointment, and consequent censure or self-accusation, had contributed in some degree to the welfare of mankind.—Caleb Hillier Parry: An Inquiry into the Symptoms and Causes of the Syncope Anginosa, Commonly Called Angina Pectoris. London, Cadell and Davies, 1799, p. 167.